

SUP # 2017 00131



## Administrative Special Use Permit Application

Please type or print legibly

PROPERTY LOCATION: 3250 Duke St

ZONE: CL

TAX MAP REFERENCE: 061.03-01-06

### APPLICANT'S INFORMATION:

Applicant: DYLAN KOVCH Business/Trade Name: SMOKING KOW BBQ

Address: 4001 9th St N, #817, Arlington VA 22203

Phone: 301 357 0305

Email: smokingkowbbq@gmail.com

### PROPOSED USE:

- |  |  |
|--|--|
| <input type="checkbox"/> Animal Care Facility with Overnight Boarding          | <input type="checkbox"/> Outdoor Display                       |
| <input type="checkbox"/> Automobile and Trailer Rental and Sales               | <input type="checkbox"/> Outdoor Food and Crafts Market Center |
| <input type="checkbox"/> Catering Business                                     | <input type="checkbox"/> Outdoor Garden Center                 |
| <input type="checkbox"/> Day Care  | <input checked="" type="checkbox"/> Restaurant                 |
| <input type="checkbox"/> Health and Athletic Club                              | <input type="checkbox"/> Valet Parking                         |
| <input type="checkbox"/> Light Auto Repair                                     |  |
| <input type="checkbox"/> Live Theater  |  |
| <input type="checkbox"/> Massage Establishment                                 |  |
| <input type="checkbox"/> Motor Vehicle Storage/Parking for 20 or more Vehicles |  |
| <input type="checkbox"/> Outdoor Dining (exclude King Street Retail Overlay)   |  |

### Please read and sign after the statement:

I have read and understand the general standards and the requirements for the use for which I am applying and have attached the Worksheet for the use.

Signature: [Signature]

### Please submit the following with this application form:

**Site Plan** At a minimum, show and label the subject property, surrounding buildings, and streets. Show, label and give dimensions for all parking spaces, entrances and exits, and trees and shrubbery.

**Floor Plan** At a minimum, show and label all interior features inside and outside seats, tables, counters, equipment, etc. as appropriate to the use. Show, label and give dimensions for all entrance and exit doors and windows, rooms/areas, staircases, elevators and bathrooms.

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**Worksheet for specific use from Checklist and Worksheet package.**

Other materials, as required by specific use (see Guide to Administrative SUPs Checklist & Worksheets).

### PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 3250 Duke St. Alex. VA  
(property address), for the purposes of operating a restaurant (use)  
business as described in this application.

I also grant permission to the City of Alexandria to visit, inspect, photograph and post placard notice on my property.

Name: Carol Roop

Phone 703.585.9833

Address: 810 Vicar Lane Alex. VA 22302

-Email: buckleydirect@gmail.com

**Signature:**

Carol Day

Date: 12.1.17

- 1. The applicant is the (check one):**

[ ] Owner

☐ Contract Purchaser☒ Lessee or

**[ ] Other:**

**of the subject property.**

State the name, address and percent of ownership of any person or entity owning an interest in the applicant or owner, unless the entity is a corporation or partnership, in which case identify each owner and the percent of ownership.

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100. WIER-THAN YOUGH

If property owner or applicant is being represented by an authorized agent such as an attorney, realtor, or other person for which there is some form of compensation, does this agent or the business in which the agent is employed have a business license to operate in the City of Alexandria, Virginia?

**Yes. Provide proof of current City business license**

⬆️ No. The agent shall obtain a business license prior to filing application, if required by the City Code.

## USE CHARACTERISTICS

2. Please give a brief statement describing the use:

The space will be used to serve delicious  
barbeque in a chic-fast casual environment.

3. Please describe the proposed hours of operation:

Days	Hours
Daily	11a-3p, 5p-10p

Or give hours for each day of the week

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

4. Please describe the capacity of the proposed use:

- A. How many patrons, clients, pupils and other such users do you expect? Specify time period (i.e., day, hour, or shift).

60 ~~100~~ per day

- B. How many employees, staff and other personnel do you expect? Specify time period (i.e., day, hour, or shift).

3 full time staff, 2 part time

5. A. How many parking spaces of each type are provided for the proposed use:

5 ~~10~~ Standard and compact spaces  
 \_\_\_\_\_ Handicapped accessible spaces  
 \_\_\_\_\_ Other

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- B. Please give the number of:  
Parking spaces on-site 5  
Parking spaces off-site ~~10~~

If the required parking will be located off-site, where will it be located?

\_\_\_\_\_

6. Please provide information regarding loading and unloading for the use:

- A. How many loading spaces are available for the use? 1
- B. Where are off-street loading spaces located? IN FRONT OF DOOR
- \_\_\_\_\_
- C. During what hours of the day do you expect loading/unloading operations to occur? between 7a and 10a
- D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? ONCE per day.

7. If any hazardous materials or organic compounds (for example paint, ink, lacquer thinner, or cleaning or degreasing solvent), as defined by the state or federal government, be handled, stored, or generated on the property, provide the name, monthly quantity, and specific disposal method below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**APPLICANT'S SIGNATURE**


Please read and initial each statement:

Initial: DL THE UNDERSIGNED, hereby applies for a Special Use Permit in accordance with the provisions of Article XI, Section 11-500 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

Initial: DL THE UNDERSIGNED, hereby attests that all of the information herein provided and specifically including all surveys, drawings, etc., required to be furnished by the applicant are true, correct and accurate to the best of their knowledge and belief. The applicant is hereby notified that any written materials, drawings or illustrations submitted in support of this application and any specific oral representations made to the Director of Planning and Zoning on this application will be binding on the applicant unless those materials or representations are clearly stated to be non-binding or illustrative of general plans and intentions, subject to substantial revision, pursuant to Article XI, Section 11-207(A)(10), of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

DYLAN KOUKH

Print Name of Applicant or Representative

  
Signature

11/30/17  
Date

If this application is being filed by someone other than the business owner (such as an agent or attorney), please provide the information below:

Representative's Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_



# SUPPLEMENTAL APPLICATION

## RESTAURANT

All applicants requesting a Special Use Permit or an Administrative Use Permit for a restaurant shall complete the following section.

- How many seats are proposed?  
Indoors: 140 30 Outdoors: \_\_\_\_\_ Total number proposed: 170
- Will the restaurant offer any of the following?  
Alcoholic beverages (**SUP only**) \_\_\_\_\_ Yes \_\_\_\_\_ No  
Beer and wine — on-premises x Yes \_\_\_\_\_ No  
Beer and wine — off-premises \_\_\_\_\_ Yes \_\_\_\_\_ No
- Please describe the type of food that will be served:  
Barbeque and related sides  
\_\_\_\_\_  
\_\_\_\_\_
- The restaurant will offer the following service (check items that apply):  
x table service \_\_\_\_\_ bar x carry-out \_\_\_\_\_ delivery
- If delivery service is proposed, how many vehicles do you anticipate? 10  
Will delivery drivers use their own vehicles? \_\_\_\_\_ Yes x No  
Where will delivery vehicles be parked when not in use?  
OFF STREET - Behind the lot in the auto glass lot  
\_\_\_\_\_  
\_\_\_\_\_
- Will the restaurant offer any entertainment (i.e. live entertainment, large screen television, video games)?  
\_\_\_\_\_ Yes x No  
If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parking impacts.** Please answer the following:

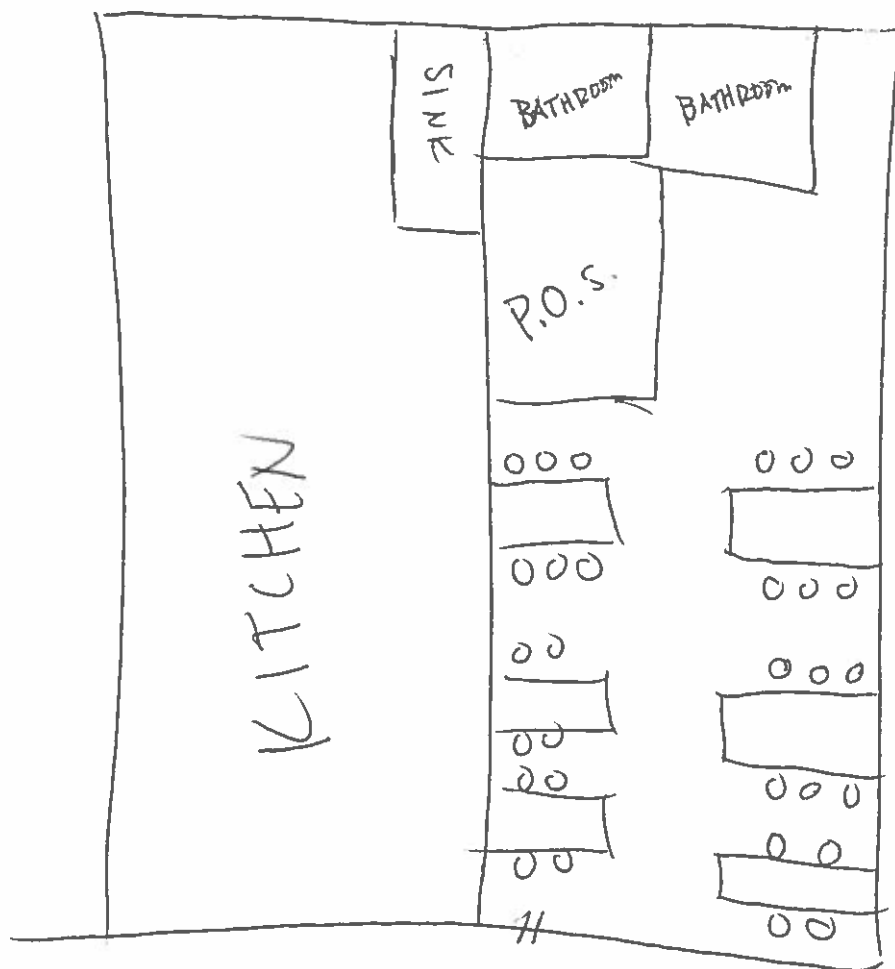
1. What percent of patron parking can be accommodated off-street? (check one)
  - ☒ 100%
  - ☐ 75-99%
  - ☐ 50-74%
  - ☐ 1-49%
  - ☐ No parking can be accommodated off-street
2. What percentage of employees who drive can be accommodated off the street at least in the evenings and on weekends? (check one)
  - ☐ All
  - ☐ 75-99%
  - ☒ 50-74%
  - ☐ 1-49%
  - ☐ None
3. What is the estimated peak evening impact upon neighborhoods? (check one)
  - ☐ No parking impact predicted
  - ☒ Less than 20 additional cars in neighborhood
  - ☐ 20-40 additional cars
  - ☐ More than 40 additional cars

**Litter plan.** The applicant for a restaurant featuring carry-out service for immediate consumption must submit a plan which indicates those steps it will take to eliminate litter generated by sales in that restaurant.

**Alcohol Consumption and Late Night Hours.** Please fill in the following information.

1. Maximum number of patrons shall be determined by adding the following:
 

340	Maximum number of patron dining seats
+	0 Maximum number of patron bar seats
+	0 Maximum number of standing patrons
=	340 Maximum number of patrons
2. 5 Maximum number of employees by hour at any one time
3. Hours of operation. Closing time means when the restaurant is empty of patrons. (check one)
  - ☐ Closing by 8:00 PM
  - ☒ Closing after 8:00 PM but by 10:00 PM
  - ☐ Closing after 10:00 PM but by Midnight
  - ☐ Closing after Midnight
4. Alcohol Consumption (check one)
  - ☐ High ratio of alcohol to food
  - ☐ Balance between alcohol and food
  - ☒ Low ratio of alcohol to food





## Google Maps 3250 Duke St

